

Parents as Presenters Family Guest Speaker Claim Form

I was a guest speaker/panel member for _____
Class or Group name

in _____, held on ____/____/____.
City Date

Are you an employee of the State of Iowa or a Regent Program? Yes _____ No _____
Please note, if you answered 'yes' to the question above, according to State Board of Regents Rules, the stipend must be paid to your agency.

If yes, in which agency do you work? _____

Please pay my stipend of \$35.00 for this session.

Name: _____

Address: _____
Street

City State Zip Code

Email _____

Phone _____

Social Security Number*: _____

Signature Date

***Your Social Security and an original signature are necessary to process a claim.**

Please mail this claim within 30 days of presentation date to:

Deb Samson
Iowa Department of Education
Bureau of Student and Family Support Services
400 E 14th St
Des Moines, IA 50319-0146

Agreement # _____
For office use only

NOTE: As of October 1, 2009, each speaker is limited to six (6) claims/year (October 1 – September 30)

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